



State of Utah

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Department of Human Services

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Executive Director

Division of Substance Abuse and Mental
Health
DOUG THOMAS
Director

March 15, 2021

Commissioner William C. Lee
100 East Center #2300
Provo, UT 84606

Dear Commissioner Lee:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Utah County Mental Health Services – Wasatch Mental Health and the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Kelly Ovard at 385-310-5118.

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

A handwritten signature in blue ink, appearing to read "D. P. Thomas".
Doug Thomas (Mar 15, 2021 12:01 MDT)

Doug Thomas
Division Director

Enclosure

cc: Tanner Ainge, Utah County Commissioner
Nathan Ivie, Utah County Commissioner
Juergen Korbanka, Director, Wasatch Mental Health



Site Monitoring Report of

Utah County Mental Health Services
Wasatch Mental Health

Local Authority Contract #160049

Review Date: January 12th, 2021

Final Report

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Utah County Mental Health Services and their contracted service provider, Wasatch Mental Health (also referred to in this report as WMH or the Center) on January 12, 2021. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

The Center is required to respond in writing within 15 business days of this draft report with a plan of action addressing each non-compliance issue and the Center employee responsible to ensure its completion.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-13

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Wasatch Mental Health (WMH). The Governance and Fiscal Oversight section of the review was conducted on January 12, 2021 by Kelly Ovard DSAMH Financial Services Auditor IV.

A site visit was conducted remotely with WMH as the Local Mental Health Authority for Utah County due to the Covid-19 pandemic. Utah County also provided documentation for their annual review of WMH. Overall cost per client data was analyzed and compared to the nationwide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, WMH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

As the Local Authority, WMH received a single audit as required. The CPA firm Litz & Company completed the audit for the year ending June 30, 2020. The auditors issued an unmodified opinion in their report dated December 1, 2020. The Mental Health Block Grant was selected for testing as a major program. There were no findings or deficiencies reported.

Follow-up from Fiscal Year 2020 Audit:

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit:

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) One employee's last name has changed since completing her I9. The name changed from Perks in 2005 to the current last name of Sparks on her current RN license. Please update I9's when the license and I9 have different names.
- 2) The WMH emergency plan was reviewed by Robert Snarr, Program Administrator and Geri Jardine, Program Support Specialist, as part of monitoring. A checklist based on SAMHSA recommendations was completed and is included at the end of this report as Attachment A. **It is recommended that WMH review these suggestions and update their emergency plan accordingly.**

FY21 Division Comments:

None

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Wasatch Mental Health (WMH) on January 12 and 13, 2021. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Leah Colburn, Program Administrator; Mindy Leonard, Program Manager; Tracy Johnson, Wraparound and Family Peer Support Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews, program visits, and allied agency visits. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Youth Outcome Questionnaires, Family Resource Facilitation (Peer Support), High Fidelity Wraparound, school based behavioral health and compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Major Non-compliance Issues:

None

FY21 Significant Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

None

FY21 Recommendations:

- 1) *Family Resource Facilitation and Family Peer Support:* WMH had a decrease in families served with family peer support services (FY19 154 families, FY20 134 families). It is recommended to review this service to identify and rectify barriers to this service, referral pathways, and different ways to fund the Family Peer Support. It is also recommended to review ways to increase the number of families serviced at the center.

FY20 Division Comments:

- 1) *Agency Changes:* WMH has had a number of program leadership changes over the past year. WMH has dissolved the children and adult divisions in their agency and has restructured to hopefully be able to attain a family based model approach. This change, in addition to the merger with Utah County Department of Drug and Alcohol Prevention and

Treatment, has expanded the continuum of services that managers oversee since the last monitoring visit. WMH has been able to provide high quality programs while continuing to expand programming for youth and families in the midst of new program leaders.

- 2) *School Based Behavioral Health:* WMH has continued to have strong partnerships with the LEAs and schools in their catchment. WMH has been able to expand their services to an LEA which they have not previously been engaged with. WMH continues work to expand quality mental health early identification and intervention in schools in their catchment area including partnership in school mental health screening nights, response to school mental health crisis, and ability to provide quality evidenced based mental health treatment in schools.
- 3) *Family System Integration:* WMH has been working to increase integration of clinic models to support family based work to better support family system needs in a holistic approach. WMH identifies that through this approach families can better get their mental health needs addressed in a co-located location.

Adult Mental Health

The Division of Substance Abuse and Mental Health Adult Mental Health team conducted its annual monitoring review at Wasatch Mental Health (WMH) on January 12 and 13, 2021. Due to COVID-19, the annual monitoring review was held virtually. The monitoring team consisted of Mindy Leonard, Program Manager; Leah Colburn, Program Administrator; Pam Bennett, Program Administrator; and Heather Rydalch, Peer Support Program Manager. The review included the following areas: discussions with clinical supervisors and management, record reviews and a community meeting. During the discussion the team reviewed the FY20 audit, statistics, including the Mental Health Scorecard, Area Plans, Outcome Questionnaires, compliance with Division Directives and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2020 Audit

No findings were issued in FY20.

Findings for Fiscal Year 2021 Audit

FY21 Significant Non-compliance Issues:

None

FY21 Major Non-compliance Issues:

None

FY21 Minor Non-compliance Issues:

None

FY21 Deficiencies:

- 1) *Review of Documentation:* Internal chart reviewers should be trained to document a complete audit of the chart, in order to provide meaningful feedback. Twenty-four of 51 charts had at least one item that was either blank or had a question mark. Ten of 51 charts had four or more items that were blank or had question marks. Issues with incomplete internal chart reviews were also noted in the FY19 Site Visit Report. WMH is also encouraged to use one audit tool consistently, as the older DSAMH audit tool does not include monitoring of the OQ as a clinical intervention. WMH reviewers should be trained to ensure that all the terms on the tool are understood as two reviewers made comments such as "what does PES mean", "who is peer", and "not sure what you want".

County's Response and Corrective Action Plan:

Action Plan: WBH will establish an up to date audit form to use consistently throughout the center for peer reviews. A training will be held for Supervisors and clinical staff to explain terminology and instruct on how to fill it out correctly.

Timeline for compliance: Completed by July 1, 2021

Person responsible for action plan: Brian Butler

DSAMH tracking by: Pam Bennett

FY21 Recommendations:

- 1) *OQ as an intervention:* The WMH internal chart review indicated that 9 of 51 charts did not demonstrate use of the OQ as an intervention. Two of 9 charts reviewed by DSAMH did not include OQ information. DSAMH recognizes that there have been inherent difficulties in administering and reviewing the OQ with clients during the pandemic, and also acknowledges that the WMH electronic system is designed to trigger further investigation if the OQ indicates suicidal ideation. With the OQ and suicide prevention connected in the WMH suicide screening methodology, the agency is encouraged to monitor and ensure that OQ administration and utilization is consistent.
- 2) *Holistic Approach to Care:* Ten of ten charts reviewed demonstrated inadequate documentation in at least one of the elements related to a holistic approach to care, with all charts missing psychoeducation to the client regarding their mental health. It is recommended that WMH train clinicians regarding Preferred Practice Guidelines, including client education about the individuals illness and treatment/recovery options as an essential part of treatment/recovery.

FY21 Division Comments:

- 1) *Integrated Care:* WMH and Mountainlands Family Healthcare operate at Level 4 of the Collaboration and Integration (Substance Abuse and Mental Health Services Administration) Standard Framework for Levels of Integrated Healthcare at the Westpark Clinic in Provo. The collaboration is close to Level 5, with funding and the sharing of expenses being the primary barrier to advancing. Behavioral and physical health providers meet daily to discuss shared patients determined by shared screening processes. WMH is now providing substance use disorder services and those are available through integrated programming. The East Bay Health Center (a homeless service clinic run by Mountainlands) will offer referrals and coordination when the opportunity arises. Although electronic health records are not integrated, providers from both agencies have access to view information. Integrated care services are primarily funded through the Utah Promoting Integration of Primary and Behavioral Health Care grant and both agencies are willing and active participants in sustainability discussions. Service coordination is primarily run through the WMH registered nurse and case managers, with regular input from physical and behavioral health providers from both agencies. Both agencies have done an excellent job at elevating and advancing integrated care services to the patients they serve.

- 2) *Program Merger*: WMH has merged with the Utah County Department of Drug and Alcohol Prevention and Treatment, and has combined the children and adult teams. The integration of programs has resulted in an improved ability to wrap services, create cross-referrals, and the improved the ability to cross-over treatment with specialty courts.
- 3) *Peer Support Services (PSS)*: WMH partners with Utah Support Advocates for Recovery Awareness for PSS. Due to the COVID-19 pandemic, groups and face-to-face PSS have been reduced, although one group a week and telephone contacts are being maintained. WMH shared that PSS has a tremendous impact on the clientele, and enables a number of clients to receive the extra degree of support they require to maintain their progress, avoiding shame when they may fall short on treatment progress.
- 4) *Participant Feedback*: Heather Rydalch, Peer Support Program Manager, was able to meet with nine members of Wasatch House virtually. All members help to make their goals. One of the members is working on getting her own apartment. Another member said he loves to come and meet new people, while a third said that her treatment is going well and she wishes that she could go to Wasatch House more often. All members are encouraged to create wellness goals. A member mentioned that his goal is to get his symptoms under control and one way he does that is staying on his medication. They have been offered tobacco cessation and one mentioned that she is currently taking Chantix and hopes it will help. Members reported “Clubhouse has saved my life” and “Clubhouse makes me feel relevant”.
- 5) *Supported Employment (SE)/Individual Placement and Support (IPS)*: WMH has made significant efforts to include principles and practices of the IPS model within their SE program. In-person and virtual training with the DSAMH IPS trainer, as well as recommended training from Vocational Rehabilitation (VR), has been received. WMH has a very good relationship with VR, including an IPS liaison-like partnership with a VR counselor and excellent communication with the VR director. Wasatch House is a local Community Rehabilitation Provider (CRP)/vendor for VR and currently receives Milestone Payments for their job development, job placement and job coaching services. Wasatch House's IPS employment specialist/generalist has been ACRE (Association of Community Rehabilitation Educators) certified and trained as a Benefits Counselor through Cornell University, providing Wasatch House with workforce incentive planning services. Wasatch House is currently working toward IPS fidelity and consistently partners with Wasatch Mental Health's First Episode Psychosis employment specialists/case managers, who are providing elements of IPS services.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to require a formal action plan. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.


Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Utah County Mental Health Services – Wasatch Mental Health and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Kelly Ovard at 385-310-5118.

The Division of Substance Abuse and Mental Health

Prepared by:

Kelly Ovard  Date 03/15/2021
Auditor IV

Approved by:

Kyle Larson  Date 03/15/2021
Administrative Services Director

Eric Tadehara  Date 03/15/2021
Eric Tadehara (Mar 15, 2021 11:32 MDT)
Assistant Director Children's Behavioral Health

Kimberly Myers  Date 03/15/2021
Kim Myers (Mar 15, 2021 11:30 MDT)
Assistant Director Mental Health

Doug Thomas  Date 03/15/2021
Doug Thomas (Mar 15, 2021 12:01 MDT)
Division Director

Attachment A

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Emergency Plan Monitoring Tool

Name of Agency: Wasatch Mental Health

Date: January 19, 2021

Reviewed by: Robert H. Snarr, MPA, LCMHC, Program Administrator
Geri Jardine, Program Support Specialist

<i>Compliance Ratings</i>				
Y = Yes, the Contractor is in compliance with the requirements. P = Partial, the Contractor is in partial compliance with requirements; comments provided as a suggestion to bring into compliance. N = No, the Contractor is not in compliance with the requirements.				
Monitoring Activity	Compliance			Comments
	Y	P	N	
Preface				
Cover page (title, date, and facility covered by the plan)	X			
Signature page (with placeholders to record management and, if applicable, board of directors' approval of the plan and confirmation of its official status)			X	Need signature page
Title page (with placeholders to record the dates that reviews/revisions are scheduled/have been made)	X			
Record of changes (indicating when changes have been made and to which components of the plan)			X	Need a record to highlight changes made in plan with date revision took place
Record of distribution (individual internal and external recipients identified by organization and title)			X	Please identify outside agencies/organizations the plan was distributed
Table of contents	X			
Basic Plan				
Statement of purpose and objectives	X			
Summary information	X			
Planning assumptions	X			
Conditions under which the plan will be activated	X			
Procedures for activating the plan	X			
Methods and schedules for updating the plan, communicating changes to staff, and training staff on the plan		X		The plan identifies a date for the upcoming revision. However, the plan does not identify staff training or how changes are communicated.
Functional Annex: The Continuity of Operations (COOP) Plan to continue to operate during short-term or long-term emergencies, periods of declared pandemic, or other disruptions of normal business.				
List of essential functions and essential staff positions	X			

Identify continuity of leadership and orders of succession	X			
Identify leadership for incident response	X			
List alternative facilities (including the address of and directions/mileage to each)	X			
Communication procedures with staff, clients' families, the State and community	X			
Procedures that ensure the timely discharge of financial obligations, including payroll.		X		Address policy to ensure procedures of financial obligations, including payroll.
Planning Step				
Disaster planning team has been selected, to include all areas (i.e., safe/security, clinical services, medication management, counseling/case management, public relations, staff training/orientation, compliance, operations management, engineering, housekeeping, food services, pharmacy services, transportation, purchasing/contracts, medical records, computer hardware/software, human resources, billing, corporate compliance, etc.)	X			
<p>The planning team has identified requirements for disaster planning for Residential/Housing services including:</p> <ul style="list-style-type: none"> • Engineering maintenance • Housekeeping services • Food services • Pharmacy services • Transportation services • Medical records (recovery and maintenance) • Evacuation procedures • Isolation/Quarantine procedures • Maintenance of required staffing ratios • Address both leave for and the recall of employees unable to work for extended periods due to illness during periods of declared pandemic 		X		Need to address plans for recovery/maintenance of client records and required staffing ratios as well as pharmacy services.

DSAMH is happy to provide technical assistance.












Wasatch Mental Health Final Report


Final Audit Report

2021-03-15

Created:	2021-03-15
By:	Kelly Ovard (kovard@utah.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA27cxnBd5EWFmwC-7Aaf3pvlDYzQjBUcX

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2021-03-15 - 5:13:31 PM GMT- IP address: 204.113.19.51
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2021-03-15 - 5:30:39 PM GMT- IP address: 64.233.172.58
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Signature Date: 2021-03-15 - 5:30:53 PM GMT - Time Source: server- IP address: 65.130.8.65
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